

FILED FEB 14 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3595

BIRTH NO. _____		REG. DIST. NO. <u>347</u>		PRIMARY REG. DIST. NO. <u>6161</u>		Registrar's No. <u>2</u>	
1. PLACE OF DEATH a. COUNTY <u>Stone</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Stone</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Flat Creek Twp. Cape Fair</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Flat Creek Twp</u>			
c. LENGTH OF STAY (in the place) <u>1 1/2 yrs</u>				d. STREET ADDRESS (If rural, give location)			
d. FULL NAME OF HOSPITAL OR INSTITUTION				e. STREET ADDRESS			
3. NAME OF DECEASED (Type or Print) <u>Opal Rawlins</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 15 1950</u>		5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>June 16 1905</u>		9. AGE (In years last birthday) <u>45</u>		10. IF UNDER 1 YEAR Months <u>46</u> Days <u>30</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>		11. BIRTHPLACE (State or foreign country) <u>Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>James Withnell</u>		13b. MOTHER'S MARDEN NAME <u>Martha Ryder</u>		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Martha Withnell</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Uremia</u> ANTECEDENT CAUSES <u>Paephritis</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>1 yr</u> <u>592X</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Jan 13</u> 19 <u>50</u> , to <u>Jan 15</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Jan 15</u> , 19 <u>50</u> , and that death occurred at <u>5:25 P.M.</u> from the causes and on the date stated above.							
23a. SIGNATURE <u>L.S. Skimate M.D.</u>				23b. ADDRESS <u>Reeds Spring Mo</u>		23c. DATE SIGNED <u>1/15/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan 18</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Cape Fair Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Cape Fair Mo</u>	
DATE REC'D BY LOCAL REG. <u>Jan 18 50</u>		REGISTRAR'S SIGNATURE <u>Lena Murray</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Emmett H. Cheatham</u>		ADDRESS <u>Balena Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEB 8 1950
District Health Office No. 6,
District File Number 250-195-
Date Filed 2-10-50

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

_____ Student Embalmer No. _____
working under my personal supervision.

Signed _____
Student Embalmer

Signed

Emeritt J. Cheatham

Licensed Embalmer No. 3870

P. O. Address Halena, Md

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.